

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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Training Validation Form

Instructor's Name: _____

Type of Training: _____

Date(s) of Training: _____

Location and Phone Number: _____

Curriculum used (check one): ☐ 2019 edition

☐ 2003 edition

As the trainer, please fill out and sign the section below indicating the following:

All students who participated in this training have met the 40 hours of classroom requirements of the course and at least 10 hours of face-to-face demonstration/redemonstration instruction of all skills on the skills sheet.

DATE OF SKILLS DEMONSTRATION: _____

(Please attach copy of CNA, RN, LPN, or other acceptable license if a PSS test out)

Student(s) Name:

Trainer Address

Phone

Trainer's Signature

Date